

EXHIBIT "A"

DECLARATION OF PRIMARY COUNSEL

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE: PHILIPS RECALLED CPAP, BI-LEVEL PAP, AND MECHANICAL VENTILATOR PRODUCTS LIABILITY LITIGATION

This Document Relates to:

*Personal Injury Claimants
and Potential Claimants*

Master Docket: No. 21-mc-1230-JFC

MDL No. 3014

IDENTIFICATION ORDER DECLARATION OF PRIMARY COUNSEL

1. My name is [INSERT NAME OF COUNSEL], and I am an attorney at [INSERT NAME OF LAW FIRM].

2. On behalf of myself and my firm, I submit this Identification Order Declaration in accordance with the Master Settlement Agreement (“MSA”) and the Court’s Identification Order.

3. Attached hereto is a chart that identifies all Eligible Claimants for whom I or my firm are Primary Counsel, as defined in the MSA. I certify that this chart identifies all Eligible Claimants for whom I or my firm are Primary Counsel. I understand that the obligation to identify all Eligible Claimants for whom I or my firm are Primary Counsel applies regardless of whether the Eligible Claimants intend to participate in the Settlement Program set forth in the MSA. I also understand that this obligation applies regardless of whether the Eligible Claimant’s claims or potential claims have been filed in suit, asserted on the Census Registry, or otherwise.

4. I understand that to comply with the MSA and the Court’s Identification Order, this Identification Order Declaration must be submitted by the Identification Order Deadline, which is June 21, 2024. The attached chart will be timely served in Excel format through MDL Centrality in conformance with the Identification Order.

5. I understand and agree that my failure to identify all Eligible Claimants for whom I or my firm is Primary Counsel is a violation of the Identification Order and will result in sanctions and other penalties as determined by the Court.

I swear under penalty of perjury that the foregoing is true and correct.

DATE: [MONTH] [DAY], [YEAR]

/s/

[NAME OF COUNSEL]
[NAME OF LAW FIRM]
[ADDRESS]
[ADDRESS]
[ADDRESS]
[TELEPHONE NUMBER]
[EMAIL ADDRESS]

IDENTIFICATION OF ELIGIBLE CLAIMANTS

PRIM ARY COU NSEL	PRIM ARY COUN SEL EMAI L ADDR ESS	CLAI MANT NAME (FIRS T)	CLAI MANT NAME (LAST)	S N	CL AI MA NT EM AIL AD DR ESS	CLAI MAN T ADDR ESS	DOB mm/d d/year	Cour t Of Filing	Dock et Num ber	MDL -C Num ber	QUALI FYING INJUR Y